

<i>SERFF Tracking Number:</i>	<i>AFDL-126730983</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Public Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46276</i>
<i>Company Tracking Number:</i>	<i>HI4005 RIDER REFILE</i>		
<i>TOI:</i>	<i>H14G Group Health - Hospital Indemnity</i>	<i>Sub-TOI:</i>	<i>H14G.000 Health - Hospital Indemnity</i>
<i>Product Name:</i>	<i>HI4005 Rider Refile</i>		
<i>Project Name/Number:</i>	<i>HI4005 Rider Refile/HI4005 Rider Refile</i>		

Filing at a Glance

Company: American Public Life Insurance Company

Product Name: HI4005 Rider Refile SERFF Tr Num: AFDL-126730983 State: Arkansas

TOI: H14G Group Health - Hospital Indemnity SERFF Status: Closed-Approved- State Tr Num: 46276
Closed

Sub-TOI: H14G.000 Health - Hospital Indemnity Co Tr Num: HI4005 RIDER REFILE State Status: Approved-Closed

Filing Type: Form Reviewer(s): Rosalind Minor

Authors: Shari Vick, Melissa Disposition Date: 07/23/2010

Mahanes, Ashlie Snyder, Tonya

Bittle

Date Submitted: 07/21/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: HI4005 Rider Refile

Project Number: HI4005 Rider Refile

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 07/23/2010

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Group Market Type: Employer, Association

Explanation for Other Group Market Type:

State Status Changed: 07/23/2010

Created By: Melissa Mahanes

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Ashlie Snyder

Filing Description:

American Fidelity Assurance Company is filing forms for approval with your Department on behalf of American Public Life Insurance Company. A letter of authorization is enclosed.

Enclosed for your approval are AMDI304APL Emergency Accident Benefit Rider, AMDI305 Wellness/Diagnostic Testing Benefit Rider, and AMDI306 Surgical and Anesthesia Benefit Rider forms. The above forms are intended to replace GM/GC HI-4005 Em.Acc.(7/04), GM/GC HI-4005 Wellness/Diag.(7/04), and GM/GC HI-4005 Surg.&Anest.(7/04), respectively, previously approved by your department on 9/9/04. The changes to the forms include changes to bring the

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forms compliant with PPACA. There are no changes in the rates. The Flesch score for the Riders are 50, 52 and 50, respectively.

These forms may eventually be issued from an automated system. We will make every attempt to produce the automated version to duplicate this final printed format; however, fonts and word wrap can vary when going from one system or printer to another. We will not alter the wording and will try to duplicate all pages, including keeping the verbiage on each page as submitted for approval. The pages may print on different colors of paper depending upon the market.

I hereby certify that to the best of my knowledge the form submitted herewith is in compliance in all respects with the provisions of the insurance laws, rules and regulations of your state and such form contains no provisions previously disapproved by the Department.

Thank you for your assistance with this matter. If you have any questions, please feel free to call me at 1-800-654-8489, extension 7782. My email address is shari.vick@af-group.com.

Company and Contact

Filing Contact Information

Shari Vick, Compliance Analyst II	shari.vick@af-group.com
2000 Classen Blvd	800-654-8489 [Phone] 7782 [Ext]
Oklahoma City, OK 73106	405-523-5793 [FAX]

Filing Company Information

American Public Life Insurance Company	CoCode: 60801	State of Domicile: Oklahoma
2305 Lakeland Drive	Group Code: 330	Company Type: LAH
Flowood, MS 39232	Group Name:	State ID Number:
(601) 936-2157 ext. [Phone]	FEIN Number: 64-0349942	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	\$20 per rider/sch
Per Company:	No

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TOI: *H14G Group Health - Hospital Indemnity* *Sub-TOI:* *H14G.000 Health - Hospital Indemnity*
Product Name: *HI4005 Rider Refile*
Project Name/Number: *HI4005 Rider Refile/HI4005 Rider Refile*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Public Life Insurance Company	\$100.00	07/21/2010	38184303
American Public Life Insurance Company	\$150.00	07/22/2010	38224388

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/23/2010	07/23/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	07/22/2010	07/22/2010	Ashlie Snyder	07/22/2010	07/22/2010

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Policy Schedule	Ashlie Snyder	07/22/2010	07/22/2010

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
market type	Note To Reviewer	Ashlie Snyder	07/21/2010	07/21/2010

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Disposition

Disposition Date: 07/23/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	AFDL-126730983	State:	Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	10 Authorization APL	Approved-Closed	Yes
Form	Emergency Accident Benefit Rider	Approved-Closed	Yes
Form	Wellness/Diagnostic Testing Benefit Rider	Approved-Closed	Yes
Form	Surgical and Anesthesia Benefit Rider	Approved-Closed	Yes
Form	Certificate Schedule Page	Approved-Closed	Yes
Form (revised)	Policy Schedule	Approved-Closed	Yes
Form	Policy Schedule	Replaced	Yes

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Product Name: HI4005 Rider Refile
Project Name/Number: HI4005 Rider Refile/HI4005 Rider Refile

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 07/22/2010

Submitted Date 07/22/2010

Respond By Date

Dear Shari Vick,

This will acknowledge receipt of the captioned filing.

Objection 1

- Emergency Accident Benefit Rider, AMDI304APL (Form)
- Wellness/Diagnostic Testing Benefit Rider, AMDI305APL (Form)
- Surgical and Anesthesia Benefit Rider, AMDI306APL (Form)
- Certificate Schedule Page, GC HI-4005.R710 (Form)
- Policy Schedule, GM HI-4005.R710 (Form)

Comment:

Our filing fees under Rule and Regulation 57 has been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$250.00. Please submit an additional \$150.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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Company Tracking Number: HI4005 RIDER REFILE
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Product Name: HI4005 Rider Refile
Project Name/Number: HI4005 Rider Refile/HI4005 Rider Refile

Response Letter

Response Letter Status Submitted to State
Response Letter Date 07/22/2010
Submitted Date 07/22/2010

Dear Rosalind Minor,

Comments:

Response 1

Comments: I have added the additional \$150.00 as requested. I will take note of this for our future filings.

Related Objection 1

Applies To:

- Emergency Accident Benefit Rider, AMDI304APL (Form)
- Wellness/Diagnostic Testing Benefit Rider, AMDI305APL (Form)
- Surgical and Anesthesia Benefit Rider, AMDI306APL (Form)
- Certificate Schedule Page, GC HI-4005.R710 (Form)
- Policy Schedule, GM HI-4005.R710 (Form)

Comment:

Our filing fees under Rule and Regulation 57 has been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$250.00. Please submit an additional \$150.00 for this submission.

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Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

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No Rate/Rule Schedule items changed.

Thanks

Sincerely,

Ashlie Snyder, Melissa Mahanes, Shari Vick, Tonya Bittle

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Product Name: HI4005 Rider Refile

Project Name/Number: HI4005 Rider Refile/HI4005 Rider Refile

Amendment Letter

Submitted Date: 07/22/2010

Comments:

We inadvertently put the wrong date on the GM Schedule. It said 09' but should have been 10'. Sorry for this error.

Thanks

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
GM HI-4005.R710	Schedule Pages	Policy Schedule	Revised		9/9/2004	GM HI-4005(7/04)	0.000	GM_HI-4005_PS.pdf

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Note To Reviewer**Created By:**

Ashlie Snyder on 07/21/2010 01:40 PM

Last Edited By:

Rosalind Minor

Submitted On:

07/23/2010 03:43 PM

Subject:

market type

Comments:

I accidently chose large group only on the market type but it actually should be large and small groups. I am sorry for this error. Thanks

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Product Name: HI4005 Rider Refile

Project Name/Number: HI4005 Rider Refile/HI4005 Rider Refile

Form Schedule

Lead Form Number: HI4005 Rider Refile

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 07/23/2010	AMDI304A PL	Policy/Cont Emergency Accident ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Revised	Replaced Form #: GM/GC HI-4005 Em.Acc.(7/04) Previous Filing #: 9/9/2004	50.000	AMDI304APL _EmAcc.pdf
Approved-Closed 07/23/2010	AMDI305A PL	Policy/Cont Wellness/Diagnostic ract/Fratern Testing Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Revised	Replaced Form #: GM/GC HI-4005 Wellness/Diag.(7/04) Previous Filing #: 9/9/2004	52.000	AMDI305APL _Well.pdf
Approved-Closed 07/23/2010	AMDI306A PL	Policy/Cont Surgical and ract/Fratern Anesthesia Benefit al Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Revised	Replaced Form #: GM/GC HI-4005 Surg.&Anest(7/04) Previous Filing #: 9/9/2004	50.000	AMDI306APL _Surg.pdf
Approved-Closed 07/23/2010	GC HI- 4005.R710	Schedule Pages Certificate Schedule Page	Revised	Replaced Form #: GC HI-4005(7/04) Previous Filing #: 9/9/2004	0.000	GC_HI- 4005_CS.pdf

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<i>Project Name/Number:</i>	<i>HI4005 Rider Refile/HI4005 Rider Refile</i>		
Approved- GM HI- Closed 4005.R710 07/23/2010	Schedule Policy Schedule Pages	Revised	Replaced Form #: 0.000 GM HI-4005(7/04) Previous Filing #: 9/9/2004
			GM_HI-4005_PS.pdf

EMERGENCY ACCIDENT RIDER

(This Rider is subject to all the Provisions, Conditions, Limitations and Exclusions of the Policy to which it is attached, which are not in conflict with those of the Rider.)

AGREEMENT

This Rider is a part of the Policy/Certificate to which it is attached. We have issued this Rider on the basis of the application (a copy of which is attached) and in exchange for payment of the first premium.

DEFINITIONS

EMERGENCY CARE

Medical treatment for an Injury demanding immediate attention. The treatment must be:

- (a) rendered in an emergency room of a Hospital, in a Physician's office; clinic or urgent care facility and,
- (b) received within 30 days of the Injury.

EMERGENCY ACCIDENT BENEFIT

If You or Your covered Dependent sustain an Injury which requires Emergency Care by a Physician, We will pay the Emergency Accident Benefit per day per Accident, as shown in the Certificate Schedule.

Benefits for Emergency Care are payable for up to the maximum days per Calendar Year as set out in the Certificate Schedule.

TERMINATION

This Rider Terminates:

- (a) when Your coverage terminates under the Policy/Certificate, to which this Rider is attached; or,
- (b) when any premium for this Rider is not paid before the end of the Grace Period; or,
- (c) when You give Us a written request to do so.

Coverage on a Dependent terminates under this Rider when such person ceases to meet the definition of Dependent, as defined in the Policy/Certificate.

PREMIUMS

The Certificate Schedule shows the premium for the Certificate with the inclusion of this Rider. The same conditions that apply to changing the premiums for the Certificate apply to Our changing premiums for this Rider.

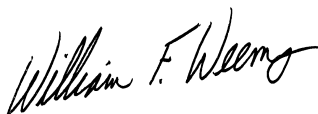
EFFECTIVE DATE

The Effective Date of this Rider is the Effective Date of the Certificate to which it is attached, unless otherwise noted in an attached endorsement. The Benefit Amount, Premiums, and Insured person are shown in the Certificate Schedule. Unless amended by this Rider, Policy/Certificate Definitions and Terms apply to this Rider.

Signed for American Public Life Insurance Company at Jackson, Mississippi.



President



Vice President

WELLNESS/DIAGNOSTIC TEST BENEFIT RIDER

(This Rider is subject to all the Provisions, Conditions, Limitations and Exclusions of the Policy to which it is attached which are not in conflict with those of the Rider.)

AGREEMENT

This Rider is a part of the Policy/Certificate to which it is attached. We have issued this Rider on the basis of the application (a copy of which is attached) and in exchange for payment of the first premium.

PART ONE – DIAGNOSTIC TESTING BENEFIT

We will pay the Diagnostic Testing Benefit amount shown in the Certificate Schedule, when You or Your covered Dependent has a Diagnostic Test as listed below:

1. Magnetic Resonance Imaging (MRI)
2. Computerized Tomography Scan (CT)
3. Colonoscopy

Diagnostic Testing must be performed while this Rider is in force for the person tested.

PART TWO – WELLNESS EXAM AND/OR TEST BENEFIT

We will pay the Wellness Exam and/or Test Benefit amount shown in the Certificate Schedule when You or Your covered Dependent has a routine examination or other preventative test under the supervision of a Physician. This benefit does not cover dental exams or eye exams. Such examination or test must be performed while this Rider is in force for the person tested.

The maximum benefit amount payable for You or any one of Your covered Dependents under both Part One and Part Two above is set out in the Certificate Schedule.

TERMINATION

This Rider terminates:

- (a) When Your coverage terminates under the Policy/Certificate to which this Rider is attached; or,
- (b) when any premium for this Rider is not paid before the end of the Grace Period; or,
- (c) when You give Us a written request to do so.

Coverage on a Dependent terminates under this Rider when such person ceases to meet the definition of Dependent, as defined in the Policy/Certificate.

PREMIUMS

The Certificate Schedule shows the premium for the Certificate with the inclusion of this Rider. The same conditions that apply to changing the premiums for the Certificate apply to Our changing premiums for this Rider.

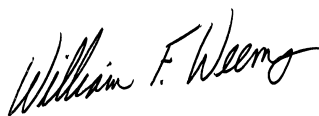
EFFECTIVE DATE

The Effective Date of this Rider is the Effective Date of the Certificate to which it is attached, unless otherwise noted in an attached endorsement. The Benefit Amount, Premiums and Insured person are set out in the Certificate Schedule. Unless amended by this Rider, Policy/Certificate Definitions and Terms apply to this Rider.

Signed for American Public Life Insurance Company at Jackson, Mississippi.



President



Vice President

SURGICAL AND ANESTHESIA BENEFITS RIDER

(This Rider is subject to all the Provisions, Conditions, Limitations and Exclusions of the Policy to which it is attached, which are not in conflict with those of the Rider.)

AGREEMENT

This Rider is a part of the Policy/Certificate to which it is attached. We have issued this Rider on the basis of the application (a copy of which is attached) and in exchange for payment of the first premium.

DEFINITIONS

When used in this Rider, We mean:

AMBULATORY SURGICAL CENTER

A licensed facility whose primary purpose is to provide surgical procedures and in which the patient is admitted to and discharged within the same day. It has one or more Physicians on duty whenever a patient is in the center. It is not a facility existing for the primary purpose of terminating pregnancies; nor an office maintained by a Physician for the practice of medicine; nor does it provide services or accommodations for patients to stay overnight.

COVERAGE AND BENEFITS

PART I.

SURGICAL BENEFITS

If surgery, due to Injury or Sickness, is performed by a Physician, We will pay a Surgical Benefit for the surgical operation equal to the percentage set opposite the procedure listed in the Schedule of Operations, multiplied by the Insured or covered Dependent person's Surgical Schedule Benefit, as shown in the Certificate Schedule. The surgery can be performed in a Hospital (on an inpatient or outpatient basis), in an Ambulatory Surgical Center, or in a Physician's office.

If an operation is not listed in the Schedule of Operations, We will pay an amount comparable to that which would be payable for the operation listed in the Schedule of Operations, which is most nearly similar in severity and complexity. If two or more surgical procedures are performed at the same time, through the same or different incisions, only one benefit, the largest, will be payable.

PART II.

ANESTHESIA BENEFITS

When a surgical procedure is performed that is covered under Part I, and there is a separate charge for anesthesia, We will pay the Anesthesia Benefit amount set out in the Certificate Schedule for anesthesia administered by a Physician in connection with such procedure.

TERMINATION

This Rider terminates:

- (a) when Your coverage terminates under the Policy/Certificate to which this Rider is attached; or
- (b) when any premium for this Rider is not paid before the end of the Grace Period; or
- (c) when You give Us a written request to do so.

Coverage on a Dependent terminates under this Rider when such person ceases to meet the definition of Dependent, as defined in the Policy/Certificate.

PREMIUMS

The Certificate Schedule shows the premium for the Certificate with the inclusion of this Rider. The same conditions that apply to changing the premiums for the Certificate apply to Our changing premiums for this Rider.

SCHEDULE OF OPERATIONS

**% Of Maximum
Surgical Benefit**

INTEGUMENTARY SYSTEM

SKIN

Incision and Drainage of Cyst.....	1.0
Acne Surgery	0.75
Biopsy	1.5
Excision of Benign Tumor.....	2.0
Excision of Malignant Tumor (Trunk, Arms or Legs)	3.0
Excision of Malignant Tumor (Face, Scalp, Ears, Neck, Hands, Feet, Genitalia)	5.0
Excision of Malignant Tumor (Eyelids, Nose, Lips, Mucous Membrane).....	7.5
Excision of Nail.....	0.5
Repair - Simple Wounds.....	1.0
Repair - Complex Wounds (Linear Repair).....	3.5
Repair - Skin Grafts (Single Stage)	2.5
Repair - Skin Grafts (Multiple Stage).....	7.5
Electro-surgical destruction or Chemocautery	1.0
Chemosurgery - malignancies of skin	10.0

BREAST

Biopsy	7.5
Excision of Cyst or Benign Tumor	7.5
Excision of Chest Wall Tumor	35.0
Mastectomy, simple	15.0
Mastectomy, radical	35.0
Mammoplasty, Reconstructive	75.0

MUSCULOSKELETAL SYSTEM

BONE OR CARTILAGE GRAFT

Spinal Fusion.....	40.0
Spinal Fusion with removal of intervertebral disc.....	40.0
Spinal Fusion for Scoliosis.....	60.0

FRACTURES (Requiring Reduction)

Skull	37.5
Nose	2.5
Jaw	15.0
Vertebrae, one or more.....	15.0
Collar Bone.....	7.5
Shoulder blade (Scapula)	27.5
Upper Arm	12.5
Lower Arm	7.5
Hand	5.0
Fingers or Toes	2.5
Upper Leg.....	20.0
Lower Leg.....	7.5
Ankle.....	12.5
Foot.....	5.0

JOINTS

Shoulder or Elbow-Arthrotomy	25.0
Shoulder or Elbow-Arthroplasty	40.0
Wrist-Arthrotomy	20.0
Wrist-Arthroplasty.....	40.0
Hip-Arthrotomy	35.0
Hip-Arthroplasty	50.0
Knee-Arthrotomy	25.0
Knee-Arthroplasty	50.0
Ankle-Arthrotomy	25.0
Ankle-Arthroplasty.....	37.5
Hammertoe.....	10.0

SCHEDULE OF OPERATIONS (continued)

**% Of Maximum
Surgical Benefit**

DISLOCATIONS

Jaw	2.5
Collar Bone (requiring reduction).....	5.0
Shoulder (humerus with anesthesia) or Elbow	2.5
Wrist.....	2.5
Fingers or Toes	1.0
Hip or Knee	10.0
Ankle.....	5.0

TENDONS

Repair or Suture	6.0
Lengthening or Shortening (e.g. Achilles Tendon)	15.0

AMPUTATIONS

Arm at Shoulder Joint	37.5
Arm below Shoulder Joint.....	17.5
Finger	7.5
Leg at Hip Joint	40.0
Leg at Knee	20.0
Leg above or below knee.....	25.0
Toe.....	5.0

RESPIRATORY SYSTEM

NOSE

Excision of Nasal Polyps	1.5
Submucous resection, Classic Nasal Sept	15.0

SINUSES

Frontal Sinusotomy - simple	10.0
Frontal Sinusotomy - radical	30.0

LARYNX

Laryngectomy.....	50.0
Laryngoscopy.....	2.0

TRACHEA AND BRONCHI

Tracheotomy	10.0
Bronchoscopy	7.5
Closure of Tracheotomy	12.5

LUNGS

Thoracotomy	25.0
Pneumonotomy	30.0
Pneumonocentesis	2.5
Thoracentesis.....	1.5
Pneumonectomy, total	50.0
Wedge Resection of Lung, Single or Multiple	40.0
Thoracoscopy (including biopsy).....	10.0

CARDIOVASCULAR SYSTEM

HEART

Heart Transplant	100.0
Catheterization of Heart.....	7.5
Suture of Heart wound or injury	50.0
Valvotomy, aortic and pulmonic valve	75.0
Valvotomy, mitral valve	70.0
Valvuloplasty or Replacement aortic and mitral valve	100.0
Coronary Bypass, single or multiple	100.0
Repair of Myocardial Aneurysm	100.0
Repair of Septal Defect.....	90.0
Angioplasty, percutaneous	50.0
Pervenous or Transvenous insertion of Pacemaker.....	25.0

SCHEDULE OF OPERATIONS (continued)

**% Of Maximum
Surgical Benefit**

ARTERIES

Ateriectomy, extremity	30.0
Thromboendarterectomy	60.0
Carotid endarterectomy	60.0
Excision and graft, Abdominal Aortic Aneurysm	75.0
Injection - Varicose Veins	00.5

HEMIC AND LYMPHATIC SYSTEMS

Splenectomy.....	30.0
Biopsy of Lymph Node.....	2.5
Radical Lymphadenectomy	25.0

DIGESTIVE SYSTEM

Gastrotomy	25.0
Gastrectomy, Total.....	50.0
Gastrectomy, Partial	40.0
Gastrosomy	7.5
Gastrostomy.....	20.0
Gastrorrhaphy	25.0
Enterotomy	30.0
Enterectomy	35.0
Colostomy	40.0
Enterostomy	25.0
Enterolysis.....	20.0
Diverticulectomy	25.0
Appendectomy	20.0
Proctectomy	50.0
Proctosigmoidoscopy.....	1.5
Proctoplasty.....	20.0
Fistulotomy	5.0
Sphincterotomy	2.5
Fissurectomy or Hemorrhoidectomy	10.0
Removal of External Hemorrhoids	1.5
Aspiration biopsy of liver, pancreas or bile duct.....	2.5
Cholecystotomy.....	25.0
Cholecystectomy.....	30.0
Pancreatectomy - partial.....	40.0
Pancreatectomy - total	70.0
Laparotomy	20.0
Herniotomy	17.5

URINARY SYSTEM

Nephrolithotomy	40.0
Renal Biopsy	2.5
Nephrectomy	40.0
Lithotripsy	25.0
Kidney Transplant	62.5
Cystotomy	25.0
Cystectomy - partial	35.0
Cystectomy - complete	50.0
Urethroscopy or Cystoscopy	2.5
Cystoplasty.....	40.0
Dilation of Urethra	1.0

GENITAL SYSTEM

MALE

Circumcision.....	1.5
Orchiectomy	10.0
Reduction of Torsion of Testis.....	15.0
Excision of Epididymis, Hydrocele, Varicocele	15.0
Vasectomy.....	7.5
Biopsy, Prostate	2.5
Prostatectomy - partial.....	40.0
Prostatectomy - radical	50.0

SCHEDULE OF OPERATIONS (continued)

**% Of Maximum
Surgical Benefit**

FEMALE

Hysterectomy, Vaginal or Abdominal	30.0
Hysterectomy, radical for cancer including lymph nodes	50.0
Salpingo-oophorectomy	22.5
Repair of cystocele or rectocele	17.5
Repair of cystocele and rectocele	25.0
Tubal Ligation.....	20.0
Biopsy or removal of cervical lesion or polyp	1.5
Dilation and Curettage	7.5
Myomectomy	25.0
Repair of uterine suspension.....	20.0
Cesarean Section	25.0
Obstetrical Delivery	10.0
Amniocentesis.....	2.5

ENDOCRINE SYSTEM

Incision and drainage of Thyroid Gland	1.5
Local excision of thyroid cyst or adenoma	20.0
Thyroidectomy or Parathyroidectomy	35.0
Adrenalectomy	40.0

NERVOUS SYSTEM

Burr Holes	15.0
Cranioplasty	50.0
Craniotomy or Craniectomy	20.0
Laminectomy	50.0
Spinal Puncture	1.0
Paravertebral block, lumbar, or thoracic nerve	2.5
Median nerve decompression (Carpal Tunnel).....	15.0

EYE

Removal of eye	20.0
Excision of pterygium	12.5
Sclerotomy - anterior.....	25.0
Sclerotomy - posterior.....	15.0
Iridectomy	25.0
Extraction of lens (including cataract extraction)	40.0
Reattachment of retina.....	50.0
Muscle operation (one or more muscles).....	30.0
Excision of lacrimal glad or sac	25.0

EAR

Drainage of abscess	1.0
Otoscopy	1.0
Myringotomy.....	1.5
Tympanotomy (diagnostic)	25.0
Tympanotomy with insertion of Collar Button Tube	12.5
Mastoidectomy - simple	25.0
Tympanoplasty.....	50.0
Labyrinthotomy or Labyrinthectomy	50.0

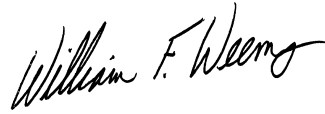
EFFECTIVE DATE

The Effective Date of this Rider is the Effective Date of the Certificate to which this Rider is attached, unless otherwise indicated by an attached endorsement. The Surgical Schedule Benefit, Premium and Insured persons are shown in the Certificate Schedule. Unless amended by this Rider, Policy/Certificate Definitions and Terms apply to this Rider

Signed for American Public Life Insurance Company at Jackson, Mississippi.



President



Vice President

HOSPITAL INDEMNITY INSURANCE CERTIFICATE SCHEDULE GC HI-4005

Policyholder:	[ABC Contractors]	Policy Effective Date:	[6/1/2004]
Policy Number:	[M00000]	Certificate Effective Date:	[6/1/2004]
Certificate Number:	[C00000]	Type of Coverage:	[Employee, Employee/Spouse, Employee/Children, Family]
Insured:	[John Doe]	Method of Payment:	[Direct Bill, Payroll Deduction]
Premium Mode:	[Annual, Semi Annual, Quarterly, Monthly]		

DESCRIPTION OF COVERAGE

BENEFITS	BENEFIT AMOUNT	MO. PREM.
HOSPITAL CONFINEMENT BENEFIT		
Daily Indemnity Benefit	\$[10-200 in \$10 increments]	\$[]

OPTIONAL BENEFIT RIDERS

[INTENSIVE CARE/CORONARY CARE RIDER]		
Daily Indemnity Benefit	\$[100-1,000 in \$100 increments]	\$[]]

[EMERGENCY ACCIDENT RIDER]		
Emergency Accident Benefit per day per Accident	\$[100, 200, 300]	\$[]]
Maximum days per Calendar Year: [2] per covered person, with the exception of Dependent children, which is limited to a total of [2] for all Dependent children combined		

[WELLNESS/DIAGNOSTIC TEST BENEFIT RIDER]		
Diagnostic Testing Benefit per test	[\$250]	
Wellness Exam and/or Test Benefit per test	[\$75]	
Maximum benefit for Diagnostic Testing Benefit & Wellness Exam And/or Test Benefit per Calendar Year per covered person	[\$250]	\$[]]

Maximum benefit for Diagnostic Testing Benefit & Wellness Exam And/or Test Benefit per Calendar Year for all covered persons combined	[\$500]	
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[ANNUAL FIRST OCCURRENCE HOSPITAL RIDER]		
	\$[100-3,000 in \$100 increments]	\$[]]

[OUTPATIENT SICKNESS RIDER]		
Outpatient Sickness Benefit per visit	\$[25, 50]	
Maximum visits per Calendar Year: [5] per covered person, [5] for all Dependent children combined, up to a total of [10] for all covered persons combined		\$[]]

[SURGICAL & ANESTHESIA BENEFIT RIDER]		
Surgical Schedule Benefit	\$[1,000-10,000 in \$1,000 increments]	
Anesthesia Benefit Amount	[25%] of the Surgical Benefit Amount	\$[]]

[OUTPATIENT SURGICAL FACILITY BENEFIT RIDER]		
Outpatient Surgical Facility Benefit per day of surgery	\$[500]	
Maximum days per Calendar Year: [2] per covered person, up to a total of [4] for all covered persons combined		\$[]]

TOTAL PREMIUM		\$[]
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PRE-EXISTING PERIOD: [0, 12 months]

PRE-EXISTING CONDITIONS EXCLUSION PERIOD: [0, 12 months]

Policy GM HI-4005

HOSPITAL INDEMNITY INSURANCE

SCHEDULE OF BENEFITS

DESCRIPTION OF COVERAGE

BENEFITS	BENEFIT AMOUNT	MO. PREM.
HOSPITAL CONFINEMENT BENEFIT		
Daily Indemnity Benefit	\$[10-200 in \$10 increments]	[\$]
OPTIONAL BENEFIT RIDERS		
[INTENSIVE CARE/CORONARY CARE RIDER]		
Daily Indemnity Benefit	\$[100-1,000 in \$100 increments]	[\$]
[EMERGENCY ACCIDENT RIDER]		
Emergency Accident Benefit per day per Accident	\$[100, 200, 300]	
Maximum days per Calendar Year: [2] per covered person, with the exception of Dependent children, which is limited to a total of [2] for all Dependent children combined		[\$]
[WELLNESS/DIAGNOSTIC TEST BENEFIT RIDER]		
Diagnostic Testing Benefit per test	[\$250]	
Wellness Exam and/or Test Benefit per test	[\$75]	
Maximum benefit for Diagnostic Testing Benefit & Wellness Exam And/or Test Benefit per Calendar Year per covered person	[\$250]	[\$]
Maximum benefit for Diagnostic Testing Benefit & Wellness Exam And/or Test Benefit per Calendar Year for all covered persons combined	[\$500]	
[ANNUAL FIRST OCCURRENCE HOSPITAL RIDER]		
	\$[100-3,000 in \$100 increments]	[\$]
[OUTPATIENT SICKNESS RIDER]		
Outpatient Sickness Benefit per visit	\$[25, 50]	
Maximum visits per Calendar Year: [5] per covered person, [5] for all Dependent children combined, up to a total of [10] for all covered persons combined		[\$]
[SURGICAL & ANESTHESIA BENEFIT RIDER]		
Surgical Schedule Benefit	\$[1,000-10,000 in \$1,000 increments]	[\$]
Anesthesia Benefit Amount	[25%] of the Surgical Benefit Amount	
[OUTPATIENT SURGICAL FACILITY BENEFIT RIDER]		
Outpatient Surgical Facility Benefit per day of surgery	[\$500]	[\$]
Maximum days per Calendar Year: [2] per covered person, up to a total of [4] for all covered persons combined		
TOTAL PREMIUM		[\$]

PRE-EXISTING PERIOD: [0, 12 months]

PRE-EXISTING CONDITIONS EXCLUSION PERIOD: [0, 12 months]

SERFF Tracking Number:	AFDL-126730983	State:	Arkansas
Filing Company:	American Public Life Insurance Company	State Tracking Number:	46276
Company Tracking Number:	HI4005 RIDER REFILE		
TOI:	HI4G Group Health - Hospital Indemnity	Sub-TOI:	HI4G.000 Health - Hospital Indemnity
Product Name:	HI4005 Rider Refile		
Project Name/Number:	HI4005 Rider Refile/HI4005 Rider Refile		

Supporting Document Schedules

		Item Status:	Status
			Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	07/23/2010
Comments:			
Attachment:			
APL_FleschCert.pdf			

		Item Status:	Status
			Date:
Bypassed - Item:	Application	Approved-Closed	07/23/2010
Bypass Reason:	The applications that will be used with these have been previously approved. The form numbers are A08GRPEEAR approved 2/12/09 and the A08MASAPP approved 10/08/08		
Comments:			

		Item Status:	Status
			Date:
Satisfied - Item:	10 Authorization APL	Approved-Closed	07/23/2010
Comments:			
Attachment:			
Authorization10.pdf			



American Public Life Insurance Company

A member of the American Fidelity Group.

READABILITY CERTIFICATION

I, Shari Vick, hereby certify that form(s) AMDI304APL Emergency Accident Benefit Rider, 50; AMDI305APL Wellness/Diagnostic Testing Benefit Rider, 52; and AMDI306APL Surgical and Anesthesia Benefit Rider, 50; meet(s) the minimum reading ease score required by the Insurance Code in your state. The Flesch Score(s) exclude(s) state-mandated language and defined terms.

Alex M Bagby, A.S.A., M.A.A.A.
Vice President & Chief Risk Officer
American Public Life Insurance Company

July 20, 2010
Date



American Public Life Insurance Company

A member of the American Fidelity Group.

February 2, 2010

NAIC Number: 60801
FEIN Number: 64-0349942

To Whom It May Concern:

American Fidelity Assurance Company, located at 2000 N. Classen Boulevard, Oklahoma City, Oklahoma, 73125, is hereby authorized to submit forms for approval to the Department of Insurance on behalf of American Public Life Insurance Company. Changes to the forms, as may be necessary to gain approval, are included in this authorization.

Sincerely,

Alex M. Bagby, ASA, MAAA
Vice President & Chief Risk Officer

<i>SERFF Tracking Number:</i>	<i>AFDL-126730983</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Public Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46276</i>
<i>Company Tracking Number:</i>	<i>HI4005 RIDER REFILE</i>		
<i>TOI:</i>	<i>H14G Group Health - Hospital Indemnity</i>	<i>Sub-TOI:</i>	<i>H14G.000 Health - Hospital Indemnity</i>
<i>Product Name:</i>	<i>HI4005 Rider Refile</i>		
<i>Project Name/Number:</i>	<i>HI4005 Rider Refile/HI4005 Rider Refile</i>		

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/21/2010	Form	Policy Schedule	07/22/2010	GM_HI-4005_PS.pdf (Superseded)

Policy GM HI-4005

HOSPITAL INDEMNITY INSURANCE

SCHEDULE OF BENEFITS

DESCRIPTION OF COVERAGE

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PRE-EXISTING CONDITIONS EXCLUSION PERIOD: [0, 12 months]